DECLARATION AND POWER F ATTORNEY FOR PATENT APPLICATION

ATTOR DOCKET NO. 10015155-1

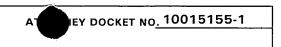
As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MANUFACTURE, AN			A MICROTEXTUR	LD JOIN ACL,	METHOD	_0		
the specification of v	which is atta	sched hereto unless th	e following box is c	necked:				
	he specification of which is attached hereto unless the following box is checked: () was filed on as US Application No. or PCT International Application							
Number	ber and was amended on (if applicable).							
including the claims, disclose all information Foreign Application(s) and I hereby claim foreign pric inventor(s) certificate liste	as amende on which is /or Claim of Fo ority benefits u d below and h	inder Title 35, United State ave also identified below ar	(s) referred to abovity as defined in 37 (s Code Section 119 of a sy foreign application for	e. I acknowledg CFR 1.56. any foreign applicatio	e the duty	to or		
	the application	n on which priority is claim		PRIORITY CLAIMED UN	DED 35 H S C 110	_		
COUNTRY		APPLICATION NUMBER	DATE FILED		· · · ·	\dashv		
				YES:	NO:	_		
				YES:	NO:			
Provisional Application I hereby claim the benefit below:	under Title 35	5, United States Code Sect	ion 119(e) of any United	States provisional ap	oplication(s) lis	ted		
	А	PPLICATION NUMBER	FILING DATE					
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U. S. Priority Claim	L							
APPLICATION NUME	APPLICATION NUMBER FILING DATE		STATUS (patented/pending/abandoned)					
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DECLARATION AND POW F ATTORNEY FOR PATENT APPLICATION (continued)



	Full Name of # 2 joint inventor	: Joshua W. SMITH		Citizenship: US		
	Residence:	3570 N.W. Lincoln Avenue, Corvallis, OR 97330				
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	Post Office Address:		02/	1/02		
	Inventor's Signature		Date			
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	Residence:		· · · · · · · · · · · · · · · · · · ·			
	Post Office Address:					
	Inventor's Signature		Date			
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	Full Name of # 4 joint inventor		<u> </u>	Citizenship:		
i	Residence:					
1	Post Office Address:			·		
	Inventor's Signature		Date			
#		·				
	Full Name of # 5 joint inventor	:	•	Citizenship:		
	Residence:					
	Post Office Address:					
	Inventor's Signature		Date			
	Full Name of # 6 joint inventor	·		Citizenship:		
	Residence:					
	Post Office Address:					
	Inventor's Signature			<u> </u>		
	inventor a dignature		Date			
	- 11.01					
	Full Name of # 7 joint inventor	:		Citizenship:		
	Residence:			·		
	Post Office Address:					
	Inventor's Signature		Date			
	Full Name of # 8 joint inventor			Citizenship:		
	Residence:					
	Post Office Address:					
	Inventor's Signature		Date			